

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

17210

State File No.

Registrar's No.

2375

FILED JUN 7 1943

Registration District No.

Primary Registration District No.

1002

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Lakeside Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 16 Days
 In this community 22 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mildred Waydene Wilson

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Shelby W. Wilson 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased August 30th, 1915
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 8 22 hr. min.

9. Birthplace Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Merle C. Holmes
 13. Birthplace Nebraska
 (City, town, or county) (State or foreign country)
 14. Maiden name Ruth Harris
 15. Birthplace Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Shelby W. Wilson
 (b) Address 3211 Brighton

17. (a) Burial (b) Date thereof 5-25-1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Mrs. C. L. Forster
 (b) Address Kansas City, Missouri

19. (a) 5-24-43 (b) M. M. Groves
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3211 Brighton
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
 year 1943 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 12
1943 to May 22 1943
 that I last saw her alive on May 22 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration

Due to Disregarded symptoms

Due to Trust of small cut on
itself

Other conditions 12.2 B
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy Legionella pneumoniae of Morgan
Isolation of Legionella pneumoniae

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature J. M. McManis (M. D. or other) J. M. McManis
 Address 508 S. 1st St. Bldg. 2, 2nd fl. Date signed 5-24-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Denzil C. Browning
Licensed Embalmer No. 2724
P. O. Address Kansas City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.